which with

Docket Number CL2125 PCT

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:						
My residence, post office address and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
METHOD AND APPARATUS FOR QUANTIFYING VISUAL SHOWTHROUGH OF PRINTED						
IMAGES ON THE REVERSE OF PLANAR OBJECTS						
the specification of which is attached hereto unless the following box is checked:						
was filed on or PCT International Application No or PCT International Application No.						
PCT/US2004/010710 and was amended on (if applicable).					••	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.						
I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.						
Application No. Country			Filing Date		Priority Claimed (Yes/No)	
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.						
					S. Filing Date APRIL 2003	
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application						
designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the						
duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between						
the filing date of the prior application and the national or PCT International filing date of this application. Application No. Filing Date Status (patented, pending or abandoned)						
POWER OF ATTORNEY : I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:						
Name: JESSICA M. SINNOTT Registration No.: 34,015						
Send correspondence and direct					Tel. No.	
telephone calls to:			E. I. du Pont de Nemours and Company		(302) 992-4895	
JESSICA M. SINNOTT			- Patents ngton, DE 19898	3, U.S.A.	Fax No.	
				(302) 992-4773		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are						
believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may						
jeopardize the validity of the application or any patent issuing thereon.						
INVENTOR(S) Full Name Last Name Middle Name Middle Name Last Name Middle Name Last Name Last Name Last Name Last Name Middle Name Last Name Last Name Middle Name Last Name Last Name Last Name Last Name Middle Name Last						
Full Name of Inventor	Last Name BROWNE		RICHARD		Middle Name WALKER	
	Signature (Please sign full name)				Date: 8/27/04	
Residence & Citizenship	City WILMINGTON		State or Foreign Country DELAWARE		Country of Citizenship U.S.A.	
Post Office	Post Office Address		City		State or Country	Zip Code
Address	Last Name		WILMINGTO	DN .	DELAWARE Middle Name	19803
Full Name of Inventor	CANNING JR.		First Name ROBERT		V.	
-	Signature (please sign full name):				Date: 8/4/2004	
Residence &	City		State or Foreign Country		Country of Citizenship	
Citizenship Post Office	BEAR Post Office Address		DELAWARE City		U.S.A. State or Country	Zip Code
Address	519 SAWMILL BRIDGE LA	NE	BEAR		DELAWARE	19701
Fuli Name of Inventor	Last Name EVANS	First Name MICHAEL		Middle Name H.		
Signature (please sign full name) Signature (please sign full name) Signature (please sign full name)						004
Residence &	City State or Foreign Country				Country of Citizenship	- ¥ '
Citizenship Post Office	NEWARK Post Office Address		DELAWARE City		US State or Country	Zip Code
Address	5 KELLY LANE		NEWARK		DELAWARE	19711

Additional Inventors are being named on separately numbered sheets attached hereto.

DECLARATION AND POWER OF ATTORNEY - Page 2 Docket No.: CL2125 PCT Full Name Last Name First Name Middle Name **JOHNSON** ROBERT WILLIAM of Inventor Date: Signature (please sign full name): State or Foreign Country PENNSYLVANIA 8/27/04 Country of Citizenship Residence & 131 1 KENNETT SQUARE U.S.Á. Citizenship Zip Code 19348 Post Office Post Office Address State or Country Address 75 WOODCHUCK WAY KÉNNETT SQUARE **PENNSYLVANIA** First Name BARRY Full Name Last Name Middle Name RUBIN of Inventor State or Foreign Country PENNSYLVANIA Signature (please sign full name): 8-4-04 Country of Citizenship Residence & **GLEN MILLS** U.S.A. Citizenship Post Office Address 99 FOX VALLEY LANE State or Country PENNSYLVANIA Zip Code 19342 Post Office **GLEN MILLS** Address Full Name Last Name First Name Middle Name **DOUGLAS STILWELL** RAY of Inventor State or Folding Country DELAWARE Signature (please sign full name): Date: 8/24/04 Residence & Country of Citizenship U.S.A.

WILMINGTON

Zip Code 19808

State or Country

DELAWARE

WILMINGTON

Post Office Address
7 LILAC COURT

Citizenship

Post Office

Address